

PART B - FEE(S) TRANSMITTAL

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29683 7590 10/10/2006

HARRINGTON & SMITH, LLP
 4 RESEARCH DRIVE
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Gail Conway	(Depositor's name)
Gail Conway	(Signature)
10/27/2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/817,214	04/02/2004	Liangchi Hsu	871.0110.U1(US)	2420

TITLE OF INVENTION: MECHANISMS OF CONTROL HOLD OPERATION AND MAC_ID ASSIGNMENT FOR CDMA2000 1XEV-DV REVERSE ENHANCED HIGH-SPEED PACKET DATA CHANNEL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	01/10/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, BRIAN D	2616	370-335000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents

1. HARRINGTON & SMITH, LLP

2. _____

10/31/2006 HIBIZUNE2 00000006 10017214

01 FC:1501

1400.00 OP

02 FC:1504

300.00 OP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Nokia Corporation

Espoo, Finland

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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- ☒ A check is enclosed. \$1700.00
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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1924 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date _____

Typed or printed name Robert J. Mauri

Registration No. 41,180

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